

## Family Wellness Center Patient Registration Form

**PLEASE COMPLETE THIS FORM AND BRING WITH YOU TO YOUR APPOINTMENT**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
(Name as listed on insurance) (Name as listed on insurance)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #\_(\_\_\_\_\_) \_\_\_\_\_ Work #\_(\_\_\_\_\_) \_\_\_\_\_ Cell #\_(\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ EMAIL Address \_\_\_\_\_  
(xx/xx/xxxx)

How did you hear about us? Friend/Family \_\_\_ Insurance Co. \_\_\_ Internet Search \_\_\_ Other \_\_\_\_\_

---

### **Family Wellness Center – Financial (payment) Policy**

#### **Patient Responsibility**

**It is your responsibility to update us at each visit regarding new address, new phone numbers, new insurance and new employers. It is also your responsibility to know the benefits and constraints of your insurance plan including what your deductible is and what it applies to as well what services are considered “non-covered” by your plan.**

**Co-payments** required by your insurance plan are due at the time of service. Failure to pay co-payments at the time of service may result in an additional \$15.00 administrative fee if we need to bill you for your co-pay.

**NSF Check** - There is a \$35 fee charged for non sufficient fund checks.

**Appointments** - The FWC tries to accommodate all of our patients with appointments that meet your needs. We understand that sometimes you cannot keep an appointment and we ask that you call to cancel in advance of that appointment. If you do not keep an appointment and did not call to cancel (no-show) we will bill you a no-show fee of \$25.00

#### **If you have insurance:**

We accept most major carriers, DSHS, Molina HealthCare, and Labor and Industry. Medicare Assignment Accepted. **Please bring your insurance card with you to each visit as we may ask for a copy throughout the year.** If we cannot confirm eligibility, cash will be required at the time of service.

**Non Contract Plans** – As a courtesy to our patients, we will submit one bill for all non-contracted insurance plans when a current insurance card is presented prior to your visit. An exception to this rule is that we will not submit bills to a foreign country or to any insurance plan outside of the United States of America.

**Managed Care Plans** - We are contracted with many plans. You always need to check with your plan to see if we are a preferred provider or within your network. If your plan requires you to choose a primary care provider, you need to choose one of the Family Wellness Center’s providers. If we are not on your plan or part of your network, you are responsible for allowed and non-allowed charges. Family Wellness Center is not responsible for knowing if our providers are part of your insurance network or plan.

**Secondary Insurance** - As a courtesy we will bill all secondary insurance one time. Insurance information must be provided at the time of visit. Follow-up billing is your responsibility.

### **If You Do Not Have Insurance or have a high deductible health plan**

New patient's first office visits require a \$150.00 **deposit** at the time of service. Established patient office visits \$90.00 **deposit** at time of visit. Cash, check, Debit card, Visa, MasterCard and most Health Saving Account cards are accepted.

### **Third Party Payers**

**Worker's Compensation** – Family Wellness Center does not see New Patients for work related injuries. If you are an established patient, we will be happy to see you and it is your responsibility to advise us when you make an appointment if your appointment is for a work related injury. You need to also advise the receptionist and your doctor since a special form is required to open your claim. If the claim is denied, closed, or you fail to inform us of the work related nature of your medical problems, including appropriate claim information, you will be responsible for all charges. If you opened your claim with another physician/clinic, we might not be able to take over your pre-existing work injury case (unless your previous care was only with the emergency room or a chiropractor). If this is your situation, please inform the receptionist who will inquire with your provider.

**Motor Vehicle Accidents** - Payment for services received for a MVA is your responsibility. FWC does not accept Liens for legal cases nor bill third party insurance.

### **Patient Billing**

You will receive a patient statement which shows activity and balance due on account. Payment is due as noted on the statement. Responsibility for payment of your account remains with you at all times. And although you may have insurance, we must look to you for payment regardless of the circumstances involved. Please contact us at 360-567-0302 if a problem arises with your insurance, so that we can work together to resolve it or make arrangements for a payment plan.

### **Procedures**

**Having a mole, wart, or skin tag removed is considered a "procedure." BE AWARE, many insurances will apply this to your deductible or co-insurance.** Please check with your insurance company before you request these procedures so you are informed of your financial obligation. Family Wellness does NOT verify your benefits relating to your deductible and/or co-insurance responsibilities for office visits and procedures. If you have questions regarding fees or what to ask your insurance company when you call them, please contact our billing department at **360-567-0302** or stop by the reception desk on the way out.

### **Other Information**

Family Wellness Center (FWC) may, in its sole discretion, withdraw patient care at any time, for any reason, including for repeated no-shows or cancellations of appointments, failures to meet financial obligations, disrespectful or threatening behaviors or comments directed toward FWC staff or patients, noncompliance with treatment recommendations, or other violations of FWC policies and practices.

Revised May 13, 2016

H:\Business Office\Forms\FWC Regist and Fin Policy Form 5-13-16